

TUITION ASSISTANCE (TA) WORKSHEET

The proponent agency is G3, Education Division.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 2007; Title 10 USC 2005

PRINCIPLE PURPOSE(S): Used to show courses for which the service member applied for tuition assistance from the Army. Service members who, due to reasons within their control, fail to complete a course for which they are receiving tuition assistance must reimburse the Army an amount equal to the tuition assistance received.

ROUTINE USES: Used as a record of courses in progress for which the service member has applied for tuition assistance.

DISCLOSURE: Disclosure of information is mandatory. DA Form 2171 is the only authority which can be used to recoup monies from a service member who fails to complete courses for reasons within his or her control.

Applicant's Name: (Last, First, MI)	Rank:	SSN:	MOS:	ETS: (YYMMDD)	Unit:
Name of School:	School Address:			Location of Class(es):	Your Educational Goal: (AA, BS, MBA, etc.)

COURSE INFORMATION

Dept/Course Number:	Course Title:	Date Begins: (YYMMDD)	Date Ends: (YYMMDD)	Day(s) of the Week (M,T,W, Th, F, S, Su)	Class Hours: (0900-1050, etc.)	Number of Sem or Qtr Hrs:	Tuition Cost per credit hour:

Tuition Assistance Acknowledgement (Initial each statement)

<input type="checkbox"/>	A. All outstanding incomplete ("I") grade(s) cleared.
<input type="checkbox"/>	B. Officer incurs a 2 year obligation from the last date of Army TA
<input type="checkbox"/>	C. Soldier must sign the DA 2171-E. E6s and below take to Commander for signature. (E7s and above can sign for the Commander.)
<input type="checkbox"/>	D. The signed DA 2171-E must be returned to the Army Education Center, Fort Irwin prior to the class start date.
<input type="checkbox"/>	E. Soldier must contact an Army Ed Center Counselor to change a TA entry on DA 2171-E. Also, soldier must contact a Counselor if class attendance is a problem.
<input type="checkbox"/>	F. Soldier must read and sign the TA Statement of Understanding and return it to the Army Education Center, Fort Irwin.

Your Full Time, Active Duty Status: (Check one) <input type="checkbox"/> Regular Army <input type="checkbox"/> AGR <input type="checkbox"/> Other	Your Mailing Address: _____ _____ _____	How can we contact you: Work Phone: _____ FAX: _____ Home Phone: _____ Email: _____
Signature:		Date: (YYMMDD)